

<b>Case Number:</b>	CM14-0205463		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 53 year old male with an injury date on 11/07/2013. Based on the 10/30/2014 progress report provided by the treating physician, the diagnoses are: 1. Close head injury 2. Post traumatic migraines 3. Constipation requiring disimpaction secondary to narcotics 4. Post traumatic seizure disorder 5. C5-6 disc degeneration 6. Bilateral cervical radiculopathy 7. L4-5 foraminal stenosis 8. Right leg radiculopathy 9. Right shoulder impingement with AC joint with arthritis 10. Grade I spondylolisthesis L4-5 11. Left elbow contusion with mild bursitis

According to this report, the patient complains of "neck pain which radiates up toward the head and down the bilateral upper extremities with associated numbness, rated as 8 on VAS without medications and a 5 on VAS with medications." The patient also complains of "lower back pain with pain and numbness down the bilateral lower extremities, rated as 8 on VAS without medications and a 6 on VAS with medications." The physical exam reveals tenderness over the bilateral cervical/lumbar paraspinal musculature, bilateral Trapezius musculature, bilateral interscapular space, left AC joint, anterior aspect of the left shoulder, bilateral sacroiliac joint, and bilateral sciatic notch. Range of motion of the cervical/ lumbar spine and left shoulder is decreased with pain. Decreased sensation is noted over the left C5-T1 dermatome distribution. Motor strength of the upper extremities is 4/5, bilaterally. Shoulder Impingement sign and straight leg raise test are positive. The treatment plan is to request for authorization for a second opinion with a Neurologist, pain management consultation, continue with current medications, and follow up in four to six weeks. The patient's work status is "Temporary Totally Disabled until Dec 11, 2014." There were no other significant findings noted on this report. The utilization review denied the request for (1) Norco #120, (2) Zofran #14, and (3) Protonix #60 on 11/10/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment report dated 10/30/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; When to Co.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88, 89, 76-78.

**Decision rationale:** According to the 10/30/2014 report, this patient presents with 5-8/10 neck pain and 6-8/10 low back pain. The current request is for Norco 10/325mg #120. This medication was first noted in this report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the provided report, there is documentation of pain assessment ranging from an 8/10 to 5/10 describing the patient's pain. However, there is no documentation provided discussing functional improvement and ADL's. No aberrant drug seeking behavior is discussed in the records provided. The treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by the MTUS. Therefore, the current request is not medically necessary and the patient should be slowly weaned per MTUS.

**Zofran 8mg #14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 10/30/14), Antiemetics (for opioid nausea)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Antiemetics (for opioid nausea).

**Decision rationale:** According to the 10/30/2014 report, this patient presents with 5-8/10 neck pain and 6-8/10 low back pain. The current request is for Zofran 8mg #14. The MTUS and ACOEM Guidelines do not discuss ondansetron. However, ODG Guidelines has the following regarding antiemetics, "Not recommended for nausea and vomiting secondary to chronic opioid use. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks)." Review of the provided report does not indicate the patient had surgery recently or

is schedule to have surgery soon. Ondansetron is only recommended for post-op nausea per ODG. Therefore, the current request is not medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI: NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** According to the 10/30/2014 report, this patient presents with 5-8/10 neck pain and 6-8/10 low back pain. The current request is for Protonix 20mg #60 and this medication was first noted in this report. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the provided report shows that the patient is currently on Anaprox (a NSAID) and has no gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request is not medically necessary.